

**PVRP Core Starter Set**  
**Background and General Information**  
**As of: December 27, 2005**

On October 28, 2005, CMS announced the Physician Voluntary Reporting Program (PVRP) to begin on January 3, 2006. The primary purpose of the PVRP is to provide a means for physicians to report clinical data using the claim process. This clinical and other claims data can be used to calculate quality measures. Physicians who participate will receive confidential feedback, if requested, on their reporting and performance rates.

The PVRP's 36 sets of G codes were selected after extensive interaction with physician organizations to cover as broad a range of physician specialties as feasible, consistent with the availability of consensus based quality measures. Continued interaction with physicians after the announcement of PVRP has indicated significant interest in participation among physician practices. However, suggestions have also been made by several physician organizations to identify a starter set in order to lessen the potential reporting burden for physicians and better align the PVRP with other quality measurement activities affecting physicians.

CMS has decided to adopt the suggestion of a smaller core starter set of PVRP measures. The core set consists of 16 measures which will significantly reduce the number of measures applicable to any individual physician practice specialty. Additionally, we have selected primary care measures that are based on measures that are National Quality Forum (NQF) endorsed, part of the Ambulatory Care Quality Alliance (AQA) starter set, and that will be used by the Quality Improvement Organization (QIO) programs for physician quality improvement in its eighth Scope of Work (8th SOW). Despite the smaller starter set of 16 measures the PVRP maintains its same scope of coverage for physician specialties.

Confidential reports available to physicians will be limited to the 16 core starter set. In this way, CMS believes that physicians will be encouraged to report clinical data on a high percentage of patients for whom measures are applicable. Physicians may report clinical data on the remaining 20 measures, but will not receive summarizing reports.

CMS intends to pursue further development and refinement of the remaining 20 measures within the 36 measure PVRP set, as well as other measures suggested by physician groups. It is anticipated that the PVRP will be expanded as consensus measures become available.

The 16 PVRP core starter set are:

- Aspirin at arrival for acute myocardial infarction
- Beta blocker at time of arrival for acute myocardial infarction
- Hemoglobin A1c control in patient with Type I or Type II diabetes mellitus
- Low-density lipoprotein control in patient with Type I or Type II diabetes mellitus
- High blood pressure control in patient with Type I or Type II diabetes mellitus
- Angiotensin-converting enzyme inhibitor or angiotensin-receptor blocker therapy for left ventricular systolic dysfunction
- Beta-blocker therapy for patient with prior myocardial infarction
- Assessment of elderly patients for falls
- Dialysis dose in end stage renal disease patient

- Hematocrit level in end stage renal disease patient
- Receipt of autogenous arteriovenous fistula in end-stage renal disease patient requiring hemodialysis
- Antidepressant medication during acute phase for patient diagnosed with new episode of major depression
- Antibiotic prophylaxis in surgical patient
- Thromboembolism prophylaxis in surgical patient
- Use of internal mammary artery in coronary artery bypass graft surgery
- Pre-operative beta-blocker for patient with isolated coronary artery bypass graft

Note The following measures have been revised since the initial November posting:

- Denominator specifications and instructions
  - Receipt of autogenous arteriovenous fistula in end-stage renal disease patient requiring hemodialysis
- Denominator specifications only
  - Use of internal mammary artery in coronary artery bypass graft surgery
  - Pre-operative beta-blocker for patient with isolated coronary artery bypass graft

Additional details regarding the program can be found at  
[http://www.cms.hhs.gov/PhysicianFocusedQualInits/01\\_Overview.asp](http://www.cms.hhs.gov/PhysicianFocusedQualInits/01_Overview.asp)

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